

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38022

FILED DEC 13 1943

Registration District No. 17

Primary Registration District No. 5292

State File No. _____

Registrar's No. 99

1. PLACE OF DEATH:
(a) County Clay,
(b) City or town Nashua, Platte Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1/2 Mi. West of Mt. Olive Church,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Warren H. Finley,
3. (b) If veteran, name war World War #2, 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 15, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 2 15 hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation U. S. Army Pilot

11. Industry or business Army

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mrs. Bessie E. Finley,
619 East Foster, Pampa, Texas,
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie E. Finley,
(b) Address 419 East Foster, Pampa, Texas,

17. (a) Removal (b) Date thereof 12-2 -43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pampa, Texas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec 3-1943 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County 99
(c) City or town Pampa (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 30 year 1943 hour 9:30 minute 9 M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him/her alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death air plane crash
accident Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident, air plane crash
(b) Date of occurrence 11-30-43
(c) Where did injury occur? 1/2 mi. W. of Mt. Olive Church
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm (Specify type of place)
While at work? _____ (e) Means of injury 3
23. Signature Ruth N. Henry (M. D. or other)
Address Evans Springs Date signed 11-30

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-12-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Hurley
Licensed Embalmer No. 4050

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 266

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Clay
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: _____ (Specify whether
in this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Warren H. Finley

3. (b) If veteran, _____

name war _____

3. (c) Social Security

No. _____

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ Year _____
(Month) (Day) (Year)

7. Birth date of deceased Sept. 15

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

27

2

2

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-17-43

(Date received local registrar)

(b) Ruth M. Henry

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Talked with Stine & Mc Clure
Undertakers & they state they
do not have a record of these
two birthplaces. They have
made a request ^{to} ~~from~~ the
government & have had no
reply.

Robt. V. Cole
Warren H. Finley

Birth R Henry
Ail # 92

38072